

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/1584116

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 1 | | 1 | | 1 | |
| TOTAL DEP. | 4 | 1 | 1 | 1 | 1 | 1 |
| TOTAL CLAIMS | 5 | 1 | 1 | 1 | 1 | 1 |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | 1 | | 1 | |
| TOTAL DEP. | 4 | 1 | 1 | 1 | 1 | 1 |
| TOTAL CLAIMS | 5 | 1 | 1 | 1 | 1 | 1 |